


## EXHIBIT 1

## Please Make Necessary Changes According to Funds Policies and Procedures

<b>Building Service 32BJ</b> <b>Benefit Funds</b> <b>REMITTANCE</b> <b>REPORT</b> EIN:				GCA SERVICES GROUP INC C/O CLARE MCGEE 300 CONSHOCKEN STATE WEST CONSHOCK, PA 19428-3801									
Due Date: JANUARY 19, 2007				Account # 02819-04452-0003-0001-10				Receipt # 2058691					
Building Name: Address: 101 MURRAY STREET													
Month End Date 12/31/2006 <input type="checkbox"/> Health <input type="checkbox"/> Pension <input type="checkbox"/> Legal <input type="checkbox"/> Profit Sharing <input type="checkbox"/> 401k <input type="checkbox"/> Training Quarter End Date 12/31/2006 <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Pension <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Profit Sharing <input checked="" type="checkbox"/> Training													
LINE	Employee Last Name	Init	Job Class	Full Time / Part Time	Experienced	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Months	Wages	401k
1	DAWKINS	A	OT	F	Y				13	3			
	078-62-3375												
2	FIDZINSKI	B	OT	F	Y				13	3			
	063-64-6660												
3	MEIKLE	L	OT	F	Y				13	3			
	101-66-1100												
4	NILAJ	G	OT	F	Y				13	3			
	109-88-2606												
5													
6													
7													
8													
9													
10													
11													
12													
<b>TOTALS:</b>									52	12			
FUNDS	Rate	Time Unit	Total	Rate	Time Unit	Total	Previous Amount Due (Owed)		Total Due per Fund				
Health	899.22	x 12	9750.60	899.22	x	=	/						
Pension	49.75	x 52	2587.00										
Legal	18.63	x 12	223.56	18.63	x	=							
Profit Sharing	13.00	x 52	676.00										
401k													
Training	12.13	x 12	145.56	12.13	x	=							
Prepared By: CLARE MCGEE							Title:		<b>TOTAL DUE</b> 13,382.72  Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477				
Email: ASMITH@GCASERVICES.COM							Phone: (718) 990-1554						
Signature:							Date:						
Comments:													
For questions regarding completion of this report, or remittance of contributions, please contact Employer Services at (212) 388-3354													

## Please Make Necessary Changes According to Funds Policies and Procedures

<b>Building Service 32BJ</b> <b>Benefit Funds</b> <b>REMITTANCE</b> <b>REPORT</b> <b>EIN:</b>		<b>GCA SERVICES GROUP INC</b> <b>C/O CLARE MCGEE</b> <b>300 CONSHOCKEN STATE</b> <b>WEST CONSHOCKEN, PA 19428-3801</b>					
Due Date: JANUARY 19, 2007		Account # 02819-05531-0003-0001-10		Receipt # 2058693			
Building Name:		Address: ST JOHN'S UNIV STATEN					
Month End Date 12/31/2006		<input type="checkbox"/> Health	<input type="checkbox"/> Pension	<input type="checkbox"/> Legal	<input type="checkbox"/> Profit Sharing	<input type="checkbox"/> 401k	<input type="checkbox"/> Training
Quarter End Date 12/31/2006		<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Pension	<input checked="" type="checkbox"/> Legal	<input checked="" type="checkbox"/> Profit Sharing	<input checked="" type="checkbox"/> 401k	<input checked="" type="checkbox"/> Training


LINE	Employee Last Name	Init	Job Class	Full Time / Part Time	Experienced	Emp Status Change Reason	Employee Status Change Date **	Hours	Weeks	Months	Adv. Months	Wages	401k
1	AHMETAJ	S	OT	F	Y				13	3			
	095-86-2194												
2	BALILI	I	OT	F	Y				13	3			
	093-86-5589												
3	BAPTISTE	M	OT	F	Y				13	3			
	059-84-5476												
4	CANTON	M	OT	F	Y				13	3			
	053-62-9831												
5	DE NOVELLIS	V	OT	F	Y				13	3			
	107-40-8502												
6	DELUCA	M	OT	F	N					3			
	111-34-5284												
7	FLYNN	S	OT	F	Y				13	3			
	080-74-0259												
8	GALE	L	OT	F	N					3			
	087-54-4152												
9	GOGA	D	OT	F	Y				13	3			
	109-54-2007												
10	JASARI	E	OT	F	Y				13	3			
	121-56-1451												
11	JASARI	J	OT	F	Y				13	3			
	056-66-7002												
12	KILLEN	R	OT	F	Y				13	3			
	109-40-6624												
<b>TOTALS:</b>													

FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit	Total	Rate	Time Unit	Total		
Health	899.22	x	=	899.22	x	=		
Pension	49.75	x	=					
Legal	18.63	x	=	18.63	x	=		
Profit Sharing	13.00	x	=					
401k								
Training	12.13	x	=	12.13	x	=		
<b>Prepared By:</b> CLARE MCGEE <b>Title:</b>							<b>TOTAL DUE</b>	
<b>Email:</b> ASMITH@GCASERVICES.COM <b>Phone:</b> (718) 990-1554								
<b>Signature:</b>							<b>Make check payable and send payment to:</b> <b>Building Service 32BJ Benefit Funds</b> <b>P.O. Box 11477</b> <b>New York, NY 10286-1477</b>	
<b>Comments:</b>								

For questions regarding completion of this report or remittance of contributions, please contact Employer Services at (212) 388-3354



## Please Make Necessary Changes According to Funds Policies and Procedures


<b>Building Service 32BJ</b> <b>Benefit Funds</b> <b>REMITTANCE</b> <b>REPORT</b> <b>EIN:</b>						GCA SERVICES GROUP INC C/O CLARE MCGEE 300 CONSHOCKEN STATE WEST CONSHOCKEN, PA 19428-3801 <b>EIN:</b>							
Due Date: JANUARY 19, 2007						Account # 02819-05531-0003-0001-10						Receipt # 2058693	
Building Name:						Address: RT ST JOHN'S UNIV STATEN							
Month End Date 12/31/2006 <input type="checkbox"/> Health <input type="checkbox"/> Pension <input type="checkbox"/> Legal <input type="checkbox"/> Profit Sharing <input type="checkbox"/> 401k <input type="checkbox"/> Training Quarter End Date 12/31/2006 <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Pension <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Profit Sharing <input checked="" type="checkbox"/> Training													

LINE	Employee Last Name	Init	Job Class	Full Time / Part Time	Experienced	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Months	Wages	401k
1	LEKPERAJ	A	OT	F	Y				13	3			
	068-88-4328												
2	LOPEZ	A	OT	F	Y				13	3			
	056-68-4059												
3	LUCERO	F	OT	F	Y				13	3			
	055-88-0589												
4	MANZIONE	D	OT	F	Y	HI	7/07/2006		13	3	1		
	070-68-9539												
5	MC GOVERN	R	OT	F	Y				13	3			
	121-36-0944												
6	NOEL	A	OT	F	Y				13	3			
	085-62-4208												
7	OBRIEN	A	OT	F	Y	HS	7/09/2006						
	118-42-3131												
8	PACHECO	C	OT	F	Y				13	3			
	093-62-5739												
9	PACHECO	G	OT	F	Y				13	3			
	076-64-2882												
10	PENA	M	OT	F	Y				13	3			
	061-46-5238												
11	PENA	P	OT	F	Y				13	3			
	129-84-8548												
12	ZIBERI	G	OT	F	Y				13	3			
	066-76-3414												
<b>TOTALS:</b>									273	69	1		

FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit	Total	Rate	Time Unit	Total		
Health	899.22	x 69	56,065.95	899.22	x 1		<div style="font-size: 2em;">/</div>	
Pension	49.75	x 273	13,581.75					
Legal	18.63	x 69	1,285.47	18.63	x 1			
Profit Sharing	13.00	x 273	3,549.00					
401k								
Training	12.13	x 69	836.97	12.13	x 1			
Prepared By: CLARE MCGEE							<b>TOTAL DUE</b> 75,319.14	
Email: ASMITH@GCASERVICES.COM							Phone: (718) 990-1554	
Signature:							Date:	
Comments:							Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477	

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<b>Building Service 32BJ</b> <b>Benefit Funds</b> <b>REMITTANCE</b> <b>REPORT</b> EIN:		GCA SERVICES GROUP INC C/O CLARE MCGEE 300 CONSHOCKEN STATE WEST CONSHOCKEN, PA 19428-3801			
Due Date: JANUARY 19, 2007		Account # 02819-05755-0003-0001-10		Receipt # 2058695	
Building Name: ST JOHNS UNIVERSITY		Address: RT ST. JOHNS JAMAICA			
Month End Date 12/31/2006		<input type="checkbox"/> Health	<input type="checkbox"/> Pension	<input type="checkbox"/> Legal	<input type="checkbox"/> Profit Sharing
Quarter End Date 12/31/2006		<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Pension	<input checked="" type="checkbox"/> Legal	<input checked="" type="checkbox"/> Profit Sharing
		<input type="checkbox"/> 401k	<input type="checkbox"/> Training		
		<input checked="" type="checkbox"/> 401k	<input checked="" type="checkbox"/> Training		


LINE	Employee Last Name	SSN	Init	Job Class	Full Time / Part Time	Experienced	Emp Status Change Reason	Employee Status Change Date **	Hours	Weeks	Months	Adv. Months	Wages	401k
1	ADAMS	085-46-6024	J	OT	F	Y				13	3			
2	ALVAREZ	111-46-0534	G	OT	F	Y				13	3			
3	ALZATE	150-92-8922	M	OT	F	Y				13	3			
4	APONTE	128-78-8728	W	OT	F	Y				13	3			
5	ARISTIZABAL	121-82-7940	S	OT	F	Y				13	3			
6	ARNE	082-82-1260	C	OT	F	Y				13	3			
7	ASENCIO	105-76-3925	J	OT	F	N					3			
8	BENOIT	094-44-0301	J	OT	F	Y				13	3			
9	BETANCOURT	061-46-7944	D	OT	F	Y				13	3			
10	BOBKQ	064-56-1581	J	OT	F	Y				13	3			
11	BORBOR	063-74-4499	A	OT	F	Y				13	3			
12	BOYCE	058-58-8116	N	OT	F	Y				13	3			
<b>TOTALS:</b>														

FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit	Total	Rate	Time Unit	Total		
Health	899.22	x	=	899.22	x	=		
Pension	49.75	x	=					
Legal	18.63	x	=	18.63	x	=		
Profit Sharing	13.00	x	=					
401k								
Training	12.13	x	=	12.13	x	=		
Prepared By: CLARE MCGEE Email: ASMITH@GCASERVICES.COM Signature: Comments:							Title: Phone: (718) 990-1554 Date: <b>TOTAL DUE</b> Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477	

For questions regarding completion of this report, or remittance of contributions, please contact Employer Services at (212) 388-3354




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Due Date: JANUARY 19, 2007				Account # 02819-05755-0003-0001-10				Receipt # 2058695	
Building Name: ST JOHNS UNIVERSITY				Address: AT ST. JOHNS JAMAICA					
Month End Date 12/31/2006 <input type="checkbox"/> Health <input type="checkbox"/> Pension <input type="checkbox"/> Legal <input type="checkbox"/> Profit Sharing <input type="checkbox"/> 401k <input type="checkbox"/> Training Quarter End Date 12/31/2006 <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Pension <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Profit Sharing <input checked="" type="checkbox"/> Training									

LINE	Employee Last Name	Init	Job Class	Full Time / Part Time	Experi- enced	Emp Status Change Reason	Employee Status Change Date ##	Hours	Weeks	Months	Adv. Months	Wages	401k
1	CALVANO 072-52-9402	D	OT	F	N					3			
2	CAMILLI 123-62-1322	A	OT	F	Y				13	3			
3	CAMPBELL 102-34-0681	A	OT	F	Y				13	3			
4	CAMPOS 086-75-9642	N	OT	F	N					3			
5	CAPELLAN 077-62-5583	R	OT	F	Y				13	3			
6	CARABALLO 099-52-8301	R	OT	F	Y				13	3			
7	CASTAGNETTO 114-79-3958	M	OT	F	Y				13	3			
8	CASTILLO 589-48-4157	M	OT	F	Y				13	3			
9	CHAL 051-80-2921	N	OT	F	Y	HI	11/10/2006				1		
10	CHEN 122-74-0634	K	OT	F	Y				13	3			
11	CLAROS 050-68-0145	J	OT	F	N					3			
12	COLORADO 059-74-5244	J	OT	F	Y				13	3			
<b>TOTALS:</b>													

FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit	Total	Rate	Time Unit	Total		
Health	899.22	x	=	899.22	x	=		
Pension	49.75	x	=					
Legal	18.63	x	=	18.63	x	=		
Profit Sharing	13.00	x	=					
401k								
Training	12.13	x	=	12.13	x	=		
Prepared By: CLARE MCGEE <div style="float: right;">           Title: _____            Phone: (718) 990-1554            Date: _____         </div>							<b>TOTAL DUE</b>	
Email: ASMITH@GCASERVICES.COM Signature: _____ Comments: _____								
For questions regarding completion of this report, or remittance of contributions, please contact Employer Services at (212) 388-3354							Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477	

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<b>Building Service 32BJ</b> <b>Benefit Funds</b> <b>REMITTANCE</b> <b>REPORT</b> EIN:		GCA SERVICES GROUP INC C/O CLARE MCGEE 300 CONSHOHOCKEN STATE WEST CONSHOHOCK, PA 19428-3801			
Due Date: JANUARY 19, 2007		Account# 02819-05755-0003-0001-10		Receipt# 2058695	
Building Name: ST JOHNS UNIVERSITY		Address: RT ST. JOHNS JAMAICA			
Month End Date 12/31/2006		<input type="checkbox"/> Health	<input type="checkbox"/> Pension	<input type="checkbox"/> Legal	<input type="checkbox"/> Profit Sharing
Quarter End Date 12/31/2006		<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Pension	<input checked="" type="checkbox"/> Legal	<input checked="" type="checkbox"/> Profit Sharing
		<input type="checkbox"/> 401k	<input type="checkbox"/> Training		
		<input checked="" type="checkbox"/> 401k	<input checked="" type="checkbox"/> Training		

LINE	Employee Last Name	Init	Job Class	Full Time / Part Time	Experienced	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Months	Wages	401k
1	CONDE	A	OT	F	Y				13	3			
	116-46-3096												
2	CORNIER	R	OT	F	Y				13	3			
	092-36-0274												
3	DAVILA	M	OT	F	Y				13	3			
	127-64-2883												
4	DE NOVELLIS	V	OT	F	Y				13	3			
	107-40-8502												
5	DEBRILL	F	OT	F	Y				13	3			
	108-66-1125												
6	DEWINGNIPS	R	OT	F	Y	HS	7/09/2006						
	131-36-4267												
7	DICE	R	OT	F	Y				13	3			
	067-56-6141												
8	DICE	R	OT	F	Y				13	3			
	067-56-7622												
9	ENCHAUTSQUI	M	OT	F	Y				13	3			
	068-60-1008												
10	FLETCHER	D	OT	F	Y				13	3			
	052-48-7122												
11	PONTANES	D	OT	F	Y				13	3			
	580-90-6125												
12	PRANCO	V	OT	F	Y				13	3			
	076-56-4992												
<b>TOTALS:</b>													

FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit	Total	Rate	Time Unit	Total		
Health	899.22	x	=	899.22	x	=		
Pension	49.75	x	=					
Legal	18.63	x	=	18.63	x	=		
Profit Sharing	13.00	x	=					
401k								
Training	12.13	x	=	12.13	x	=		

Prepared By: CLARE MCGEE		Title:		<b>TOTAL DUE</b>
Email: ASMITH@GCASERVICES.COM		Phone: (718) 990-1554		
Signature:		Date:		Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477
Comments:				

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<b>Building Service 32BJ</b> <b>Benefit Funds</b> <b>REMITTANCE</b> <b>REPORT</b> EIN:		GCA SERVICES GROUP INC C/O CLARE MCGEE 300 CONSHOCKEN STATE WEST CONSHOCK, PA 19428-3801					
Due Date: JANUARY 19, 2007		Account # 02819-05755-0003-0001-10			Receipt# 2058695		
Building Name: ST JOHNS UNIVERSITY		Address: RT ST. JOHNS JAMAICA					
Month End Date 12/31/2006		<input type="checkbox"/> Health	<input type="checkbox"/> Pension	<input type="checkbox"/> Legal	<input type="checkbox"/> Profit Sharing	<input type="checkbox"/> 401k	<input type="checkbox"/> Training
Quarter End Date 12/31/2006		<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Pension	<input checked="" type="checkbox"/> Legal	<input checked="" type="checkbox"/> Profit Sharing	<input type="checkbox"/> 401k	<input checked="" type="checkbox"/> Training

LINE	Employee Last Name	Init	Job Class	Full Time / Part Time	Experienced	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Months	Wages	401k
1	FREIRE	J	OT	F	Y				13	3			
	056-62-9060												
2	GALARCE	F	OT	F	Y				13	3			
	119-60-7507												
3	GALATA	R	OT	F	Y				13	3			
	122-48-0909												
4	GALICIA	E	OT	F	Y				13	3			
	085-72-7117												
5	GARCIA	G	OT	F	Y				13	3			
	110-46-5303												
6	GENAO	R	OT	F	Y				13	3			
	124-36-3529												
7	GERDOVCI	R	OT	F	Y				13	3			
	102-88-3179												
8	GIACOMANTONI	M	OT	F	Y				13	3			
	102-38-2885												
9	GOMEZ	I	OT	F	Y				13	3			
	083-74-8825												
10	GUZMAN	O	OT	F	Y				13	3			
	053-42-5341												
11	HAYNES	T	OT	F	Y				13	3			
	074-60-1980												
12	HELPERICH	G	OT	F	Y				13	3			
	083-44-6084												
<b>TOTALS:</b>													

FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit	Total	Rate	Time Unit	Total		
Health	899.22	x	=	899.22	x	=		
Pension	49.75	x	=					
Legal	18.63	x	=	18.63	x	=		
Profit Sharing	13.00	x	=					
401k								
Training	12.13	x	=	12.13	x	=		

Prepared By: CLARE MCGEE	Title:	<b>TOTAL DUE</b>  Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477
Email: ASMITH@GCASERVICES.COM	Phone: (718) 990-1554	
Signature:	Date:	
Comments:		

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